

FEDERAL EMERGENCY MANAGEMENT AGENCY FORCE ACCOUNT EQUIPMENT SUMMARY RECORD											Page of		
1. APPLICANT		2. PA ID		3. PW #			4. DISASTER NUMBER						
5. LOCATION/SITE				6. CATEGORY			7. PERIOD COVERING to						
8. DESCRIPTION OF WORK PERFORMED													
TYPE OF EQUIPMENT		OPERATOR NAME	DATES AND HOURS USED EACH DAY								COSTS		
INDICATE SIZE, CAPACITY, HORSEPOWER, MAKE AND MODEL AS APPROPRIATE	EQUIPMENT CODE NUMBER		DATE	Su	Mo	Tu	We	Th	Fr	Sa	TOTAL HOURS	EQUIP RATE	TOTAL COSTS
			HOURS									\$	\$
			HOURS									\$	\$
			HOURS									\$	\$
			HOURS									\$	\$
			HOURS									\$	\$
			HOURS									\$	\$
			HOURS									\$	\$
			HOURS									\$	\$
			HOURS									\$	\$
			HOURS									\$	\$
GRAND TOTAL													\$
I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.													
CERTIFIED		TITLE					DATE						